## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

T 595

CLAIMS AS FILED - PART I							SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column	1) (	(Column 2)	a T	YPE [		OR	SMALL	ENTITY
TOTAL CLAIMS			39				RATE	FEE		RATE	FEE
FOR			NUMBER	FILED I	NUMBER EXTRA	B	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			9 minus 20= *		19		X\$ 9=	171	OR	X\$18=	141
INDEPENDENT CLAIMS			# mi	# 3	_	X40=	120	OR	斗 <b>X</b> 80=	120	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT (C				+135=		OR	+270=	1000
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL	640:	OR	TOTAL	(ott)
CLAIMS AS AMENDED - PART II										OTHER	THAN
(Column 1) (Column 2) (Column 3)						3)	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FO	R PRESENT SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	4 [	X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	JLIIPLE DEI	PENDENTC	LAIM	┛┞	+135=		OR	+270=	
						<u>L.</u>	TOTAL		OR	TOTAL	
		(Calumn 4)		(Caluman	0) (Caluman		ODIT. FEE		]	ADDIT. FEE	
		(Column 1) CLAIMS		(Column HIGHES		<u>"</u> –		400L	1 1		4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	SLY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=		X\$ 9≔		OR	X\$18=	
	Independent	*	Minus	***	=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CI	LAIM [_]	┙┌	+135=		OR	+270=	
						A.	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column	2) (Column						
AMENDMENT C	to advantage	CLAIMS		HIGHES	T	7 -		ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUMBEI PREVIOUS PAID FO	SLY EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	7
	Independent	*	Minus	***	=	╛┞	X40=		00	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT C	LAIM		,,,,,,		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
					) is the highest num		d in the ann	ronriate box	cin co	lumn 1	